



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES
WIC VENDOR TRAINING DOCUMENTATION

STORE NAME:		WIC VENDOR NUMBER:	
STORE ADDRESS:		STORE TELEPHONE:	
LOCATION OF TRAINING:		TIMES OF TRAINING:	
Indicate the date cashier received training each subject			
WIC INFORMATION	DATE	VENDOR PAYMENT	DATE
Introduction to WIC		Vendor's Responsibility	
General Information		WIC Check Review	
Vendor Selection Criteria		Correcting Errors	
Application Denial or Authorization		WIC Check Redemption	
WIC Vendor Agreement		Cash Register Receipt Retention Period	
WIC Vendor Manual		Non-Payment Rejection Codes	
Inadequate Participant Access		Check Appeal Forms	
Non-Discrimination		Vendor Concern Form (WIC-76)	
LWP Responsibilities		VENDOR COMPLIANCE	
Quarterly WIC Food Price Survey		Violations and Sanctions	
WIC Approved Food List		Vendor Monitoring	
Vendor Contact Information			
TRAINING	DATE	CHECKOUT PROCEDURES	DATE
Training		Completing the WIC Check	
WIC Check Transaction Procedures		WIC Customer Signature	
Participant Identification Folder		Pre-signed WIC Checks	
Refunds and Exchanges		Verifying and Scanning the Foods	
Use of Coupons and Store Discounts		Allowing all Foods on the WIC Check	
Partial WIC Formula Transaction		Retaining the Sales Receipt	
OTHER TRAINING ISSUES: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
MANAGER/TRAINEE SIGNATURE:	DATE	TRAINER SIGNATURE	DATE
(PRINT MANAGER/TRAINEE'S NAME:)		(PRINT TRAINER'S NAME:)	

Copy this form and use to document the training of each employee.
WICNS may request copy of all training documents as part of a Vendor's corrective action plan